



APPLICATION FOR REGISTRATION OF MULTIPLE EMPLOYER WELFARE ARRANGEMENT (MEWA)-IC 27-1-34-1

NOTE: “Multiple Employer Welfare Arrangement” means an entity other than a duly admitted insurer that establishes an employee benefit plan for the purpose of offering or providing accident and sickness or death benefits to the employees of at least two (2) employers, including self-employed individuals and their dependents.

The following documents **MUST** be submitted with this application:

1. **Sec. 2 (b) (1)**-Copies of all articles, bylaws, trusts, or other documents describing the rights and obligations of employers, employees and beneficiaries.
2. **Sec. 2 (b) (2)**-Current Financial Statements
3. **Sec. 2 (b) (2)**-A projection of the assets, liabilities, income and expenses of the MEWA for the next twelve (12) months.
4. **Sec. 2 (b) (3)**-Certified Copy of fidelity bond covering each person responsible for servicing the MEWA in amount equal to: (A) the greater of ten percent (10%) of the premiums and contributions received by the MEWA; or (B) ten percent (10%) of the benefits paid; during the preceding calendar year, with a minimum of ten thousand (\$10,000) and a maximum of five hundred thousand (\$500,000).
5. **Sec. 2 (b) (4)**-Business Plan for the MEWA including the proposed marketing and sales plan, and personnel.
6. **Sec. 2 (b) (5)**-An opinion from a qualified actuary satisfactory to the commissioner showing that the MEWA will be operated in accordance with sound actuarial principles.
7. **Sec. 2 (b) (6)**-A certification by the applicant that the MEWA is in compliance with all applicable provisions of the Employee Retirement Income Security Act (ERISA) of 1974 or that the applicant is exempt from ERISA including the basis for the asserted exemption.
8. **Sec. 2 (b) (7)**-Copies of the plan documents and agreements with service providers.
9. **Sec. 2 (b) (8)**-A Statement of the costs of coverage to be charged, including an itemization of amounts for administrative operations, reserves and other expenses associated with the operation of the MEWA.
10. **Sec. 2 (b) (9)**-Names and addresses of the following:
 - (A) The association or group of employers sponsoring the MEWA.
 - (B) The members of the board of trustees or directors, as applicable with the MEWA.
 - (C) If not an association, at least two (2) employers.
11. **Sec. 2 (b) (10) & Sec. 17**-Application fee of \$350
12. **Sec. 2 (d) (7)**-Identity of insurer to provide stop loss coverage and declaration page.
13. **Sec. 2 (d) (9)**-Description of plan handling claims routinely and in event of insolvency.
14. **Sec. 9 (b) (6)**-A listing of current applicants or if already operating a listing of participating employers as well as the number of employees for each employer.
15. NAIC Biographical Affidavits for the MEWA Board of trustees or directors. *Form 11 at the NAIC website (www.NAIC.ORG/UCAA/FORMS/FORMS.HTM)*
16. A completed compliance checklist.
17. A copy of the participation agreement and application.